

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038528

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2812

FILED SEP 23 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 4002						
2 4010						
3						
4 1						
5 0						
6						
7 0						
8 1						
9 94200						
10						
11						
12 45-0						
13						
ITEM NO.	SHOULD READ					

USE BLACK INK

OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b 5 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First VIRGINIA Middle G. Last YOWELL		4. DATE OF DEATH Month Sept. Day 8 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/20-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ---	
11a. FATHER'S NAME Walter Lee Yowell		11b. MOTHER'S MAIDEN NAME Minnie Tucker	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. ---	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		13b. BIRTHPLACE (City and state or country) St. Louis, Mo.	
14. NAME OF HUSBAND OR WIFE None		15. AGE (last birthday) 54	
16. IF UNDER 1 YEAR Months Days Hours Min.		17. IF UNDER 24 HR Months Days Hours Min.	
18. NAME OF HUSBAND OR WIFE None		19. CITIZEN OF WHAT COUNTRY U.S.A.	
20. NAME OF HUSBAND OR WIFE None		21. CITIZEN OF WHAT COUNTRY U.S.A.	
22. NAME OF HUSBAND OR WIFE None		23. CITIZEN OF WHAT COUNTRY U.S.A.	
24. NAME OF HUSBAND OR WIFE None		25. CITIZEN OF WHAT COUNTRY U.S.A.	
26. NAME OF HUSBAND OR WIFE None		27. CITIZEN OF WHAT COUNTRY U.S.A.	
28. NAME OF HUSBAND OR WIFE None		29. CITIZEN OF WHAT COUNTRY U.S.A.	
30. NAME OF HUSBAND OR WIFE None		31. CITIZEN OF WHAT COUNTRY U.S.A.	
32. NAME OF HUSBAND OR WIFE None		33. CITIZEN OF WHAT COUNTRY U.S.A.	
34. NAME OF HUSBAND OR WIFE None		35. CITIZEN OF WHAT COUNTRY U.S.A.	
36. NAME OF HUSBAND OR WIFE None		37. CITIZEN OF WHAT COUNTRY U.S.A.	
38. NAME OF HUSBAND OR WIFE None		39. CITIZEN OF WHAT COUNTRY U.S.A.	
40. NAME OF HUSBAND OR WIFE None		41. CITIZEN OF WHAT COUNTRY U.S.A.	
42. NAME OF HUSBAND OR WIFE None		43. CITIZEN OF WHAT COUNTRY U.S.A.	
44. NAME OF HUSBAND OR WIFE None		45. CITIZEN OF WHAT COUNTRY U.S.A.	
46. NAME OF HUSBAND OR WIFE None		47. CITIZEN OF WHAT COUNTRY U.S.A.	
48. NAME OF HUSBAND OR WIFE None		49. CITIZEN OF WHAT COUNTRY U.S.A.	
50. NAME OF HUSBAND OR WIFE None		51. CITIZEN OF WHAT COUNTRY U.S.A.	
52. NAME OF HUSBAND OR WIFE None		53. CITIZEN OF WHAT COUNTRY U.S.A.	
54. NAME OF HUSBAND OR WIFE None		55. CITIZEN OF WHAT COUNTRY U.S.A.	
56. NAME OF HUSBAND OR WIFE None		57. CITIZEN OF WHAT COUNTRY U.S.A.	
58. NAME OF HUSBAND OR WIFE None		59. CITIZEN OF WHAT COUNTRY U.S.A.	
60. NAME OF HUSBAND OR WIFE None		61. CITIZEN OF WHAT COUNTRY U.S.A.	
62. NAME OF HUSBAND OR WIFE None		63. CITIZEN OF WHAT COUNTRY U.S.A.	
64. NAME OF HUSBAND OR WIFE None		65. CITIZEN OF WHAT COUNTRY U.S.A.	
66. NAME OF HUSBAND OR WIFE None		67. CITIZEN OF WHAT COUNTRY U.S.A.	
68. NAME OF HUSBAND OR WIFE None		69. CITIZEN OF WHAT COUNTRY U.S.A.	
70. NAME OF HUSBAND OR WIFE None		71. CITIZEN OF WHAT COUNTRY U.S.A.	
72. NAME OF HUSBAND OR WIFE None		73. CITIZEN OF WHAT COUNTRY U.S.A.	
74. NAME OF HUSBAND OR WIFE None		75. CITIZEN OF WHAT COUNTRY U.S.A.	
76. NAME OF HUSBAND OR WIFE None		77. CITIZEN OF WHAT COUNTRY U.S.A.	
78. NAME OF HUSBAND OR WIFE None		79. CITIZEN OF WHAT COUNTRY U.S.A.	
80. NAME OF HUSBAND OR WIFE None		81. CITIZEN OF WHAT COUNTRY U.S.A.	
82. NAME OF HUSBAND OR WIFE None		83. CITIZEN OF WHAT COUNTRY U.S.A.	
84. NAME OF HUSBAND OR WIFE None		85. CITIZEN OF WHAT COUNTRY U.S.A.	
86. NAME OF HUSBAND OR WIFE None		87. CITIZEN OF WHAT COUNTRY U.S.A.	
88. NAME OF HUSBAND OR WIFE None		89. CITIZEN OF WHAT COUNTRY U.S.A.	
90. NAME OF HUSBAND OR WIFE None		91. CITIZEN OF WHAT COUNTRY U.S.A.	
92. NAME OF HUSBAND OR WIFE None		93. CITIZEN OF WHAT COUNTRY U.S.A.	
94. NAME OF HUSBAND OR WIFE None		95. CITIZEN OF WHAT COUNTRY U.S.A.	
96. NAME OF HUSBAND OR WIFE None		97. CITIZEN OF WHAT COUNTRY U.S.A.	
98. NAME OF HUSBAND OR WIFE None		99. CITIZEN OF WHAT COUNTRY U.S.A.	
100. NAME OF HUSBAND OR WIFE None		101. CITIZEN OF WHAT COUNTRY U.S.A.	

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Rernhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 Mo

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.